

2555

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH				BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <b>12</b>	
County <u>Cochise</u>		State <u>Ariz.</u>		Local Registrar's No. _____	
District or Township <u>Wetstone</u>		or Village _____		or _____	
City _____		No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Virginia Valencia Acuna</u>					
(a) Residence, No. <u>Wetstone Ariz.</u>		St. _____		Ward _____	
(Usual place of abode)		(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred		yrs. <u>3</u> mos. <u>15</u> ds.		How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. COLOR or RACE <u>Mex</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Child</u>			
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>6-19-35</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
	<u>3</u>	<u>15</u>	<u>15</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Child</u>					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Wetstone Ariz.</u> (State or country)					
10. NAME OF FATHER <u>Pablo Acuna</u>					
11. BIRTHPLACE OF FATHER <u>Bushie</u> (State or country) <u>Ariz.</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Julia Valencia</u>					
13. BIRTHPLACE OF MOTHER <u>Bushie</u> (State or country) <u>Ariz.</u> (city or town)					
14. Informant <u>Pablo Acuna</u> (Address) <u>Wetstone</u>					
15. Filed <u>10/5</u> , 19 <u>35</u> <u>L. W. Moffitt</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Oct 5</u> , 19 <u>35</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>10-4</u> , 19 <u>35</u> to <u>10-5</u> , 19 <u>35</u> that I last saw h. <u>alive</u> on <u>10-5</u> , 19 <u>35</u> and that death occurred, on the date stated above, at <u>5:30 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Bronchitis, laryngitis, coryza.</u>					
(duration) _____ yrs. _____ mos. <u>7</u> ds.					
CONTRIBUTORY <u>Pneumonia</u> (Secondary)					
(duration) _____ yrs. _____ mos. <u>2</u> ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>L. W. Moffitt</u> , M. D. 19 (Address) <u>Benson</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Burial</u> <u>Benson, Arizona</u>				DATE OF BURIAL <u>Oct-6-1935</u>	
20. UNDERTAKER <u>Family &amp; Friends</u>				ADDRESS <u>Benson, Ariz.</u>	